

Grantees interested in participating in training workshops and follow-up onsite help may contact Audrey Smolkin (asmolkin@hrsa.gov) for referrals and further information.

July 24, 2001

DISEASE MANAGEMENT UPDATE

report released by the Institute of Medicine (IOM) in March 2001 noted that, overall, US health professionals were not prepared to deal effectively with chronic disease. To address this pressing matter, Warren Todd, president of Disease Management Resources, LLC, spoke to grantees on July 24, 2001 about the evolving state of disease management efforts.

Todd recalled comments by W.K. Kellogg Foundation President, William C. Richardson, who chaired the committee that developed the report, "Crossing the Quality Chasm: A New Health System for the 21st Century. Richardson said, "The system is failing because it is poorly designed..." and noted that the American health system often wastes resources by providing unnecessary services and duplicating efforts, leaving unaccountable gaps in care and failing to use the strengths of all health professionals.

Todd went on to address the issue of how to reengineer the current system of care by utilizing the new generation of disease management program models, which are vastly different from those introduced just a few years ago, and the careful planning and development required prior to effective disease management program implementation. He discussed development of organization-specific disease management goals and emphasized the importance of installing the appropriate computer-based infrastructures required to track and manage these programs effectively. Todd believes that effective information technology is a critical tool for supporting the changes required to repair an ailing health care delivery system and that health professionals must be open to embracing technology support.

Four recognized criteria are considered essential to the successful development of any disease management program:

- ◆ **Specific Objectives** Very specific objectives must be formulated that are clearly aligned with an organization's mission. Goals must be meaningful and measurable.
- Leadership Commitment Organization leaders must be fully committed to implementing disease management programs. Without leadership support, the system cannot work.
- Technology Insertion Organization staff must be willing to set up the systems and infrastructure needed to build an effective program and support critical information tracking and evaluation activities.

◆ Effective Provider-Patient Communication — Consistent communication on all organizational levels is vital to successful disease management efforts.

Specific Objectives

In developing its objectives, a disease management team must be willing to undertake significant data mining. Team members must identify which populations can benefit most from disease management protocols and which interventions are most appropriate to each target group. For example, in the case of diabetes, should the focus be on those at risk for diabetes, or on those already diagnosed with the disease? Keep in mind that disease management programs are no longer rigid or narrowly defined. They cannot afford to be. Today, many models overlap. Diabetes programs can cross over into programs designed to lower cholesterol or address cardiovascular disease, end stage renal disease, retinopathy, neurological conditions and even amputations. Clear objectives drive the scope and design of individual programs that differ by organization as well as intent, but artificial borders or barriers among related programs should not hinder Case Managers from working effectively with their patients.

Leadership Commitment

An organization's leadership contingent must be committed to full development of disease management programs and be open to looking at how they work for other providers in the community. It is often helpful to tap into existing community resources, becoming appraised of lessons learned from those colleagues with prior experience on a design team or advisory board that can help guide development efforts.

Technology Insertion

Todd emphasized the role of evolving technology as a key to improving the US health delivery system. He believes that paper-based reports will soon be relics of the past, but that easy access to patient information will be only one of many benefits of well-designed technology-based systems. Effective systems will encompass all aspects of a provider's mission, organizational culture, financial resources etc., and will act as a catalyst for improving teamwork among health professionals and including patients in decision-making processes.

Effective Provider-Patient Communication

Today's disease management programs are more fluid as health care providers acknowledge the need for change, keeping in mind the ways many aspects of medicine and patients' concerns often interrelate. As these programs evolve, the need to continually encourage effective patient-provider communication becomes increasingly evident and critical to patient compliance and overall program success.

In its March report, the IOM recommends that the Federal Agency for Healthcare Research and Quality (AHRQ) identify at least 15 common chronic conditions for which health care professionals can devise strategic treatment plans that, once implemented, have the potential for significant improvement in health outcomes over a 5-year period. Thoughtfully designed, organization-specific disease management programs can act as building blocks for successful redesign of a fragmented health care system, transforming it to a well-integrated, efficient, effective system where patients with chronic conditions, whether insured or uninsured, routinely receive the care they need.

Todd suggested perusal of the following websites for additional information:

- ♦ www.iom.edu for the March, 2001, report entitled, "Crossing the Quality Chasm: A New Health System for the 21st Century"
- http://www.americanhealthways.com/buildbuy.pdf and http://www.americanhealthways.com/res art01.pdf - for a disease management process discussion for diabetes from a leading provider of disease management programs.

DISEASE MANAGEMENT UPDATE CALL PARTICIPANTS:

Name	Organization
Amy Lewis	Health & Hospital Corporation of Marion County Marion County CAP
Ana O'Connor	Alameda Medical Center, CA
Angelique Raptakis	Management Assistance Corporation
Anne Kircher	Sangre de Cristo Community Health, NM
Audrey Smolkin	HRSA Philadelphia, PA
Betsy Buser	Indigent Care Collaboration, Austin TX
Brenda Theus	Shelby County Health Care Corp, TN
Carolyn Emanuel	Family Health Center, SC
Cheryl Duran	Health & Hospital Corporation of Marion County Marion County CAP
Cheryl McInerney	Cambridge Health Alliance
Crystal Welch	Valley Health Systems, Inc., WV
Cynthia Walker	CHOICE Regional Health Network (Sally Schourup)
Darlene Cass	University of Texas Medical Branch
Daryl Patterson	Health Source/Hudson Health Plan
Dave Fant	Shenandoah-Potomac CAP
Debbie Bardin	Hudson Headwaters Health Network
Dennis Williams	NC Dept HHS Pitts County
Diane Weldert	Health Improvement Partnership
Dianna Grant	The Med
Doree Lynn Miles	Primary Care Coalition Montgomery County, MD
Edgar Brisbon	PA CAP Health Federation of Philadelphia
Ellen R. Shaffer	San Mateo County Health Works
Frank Zampiello	HRSA
George E. Ricks, Sr.	Erlanger Health System, TN
Holly Detzler	CHOICE Regional Health Network (Sally Schourup)
Jack Epstein	The Flint Group
James Burnosky	RWJ: Communities in Charge
Jason Ladner	Community Health Council, Manhattan KS
Joanne Omi	NY City Health & Hospital
John Cragin	Boston Medical Center
Judy Szalapski	Hennepin County Med Center, MN CAP

Julia Pearce Cherokee Health Systems, TN

Julie Hill-Clapp Las Clinicas del Norte

Karen Amstutz Health & Hospital Corporation of Marion County

Katherine Schneider Middlesex Health System, Inc., CT

Katie Figari WAHEC

Kevin Driesen AZ Rural Health Office

Kim Beggs Comprehensive Community Health Initiative, IL Linda Potts Comprehensive Community Health Initiative, IL

Liz Whitley Denver Health & Hospital Authority, CO
Luanne Nyberg Hennepin County Medical Center, MN
Lynn Evans-Reister Inova Health Care Services, Fairfax VA

Margaret Flinter Middlesex Hospitals

Margo Connors North Country Health Consortium
Mark Snyder Cherokee Health Systems, TN

Mary Helen Mays El Paso CAP

Melanie Matney Palmetto Health - Richland Care

Mike DeLucca FL CAP

Natalie Levkovich Health Federation of Philly

Peggy Caudill UK Center for Rural Health, SKYCAP

Ray Greedy CHOICE Regional Health Network (Sally Schourup)

Ray Knight Family Health Center, SC
Rhoda Nichola Department of Health, UT
Robin Rowland Lighthouse Alliance

Ron Cookston Harris County Public Health and Environmental Services

Ruth Woolum SKYCAP Hazzard Sandra Frieson TLC - The Med

Sandra McCollum First Choice Community Healthcare, Inc.

Seema Verma Health & Hospital Corporation of Marion County Marion County CAP

Sheila McGlone Health Source/Hudson Health Plan

Sherri Roosa Ingham County Health Department & Community Health Promotion Program

Stan Reed IU Medical Group/Health & Hospital Corporation of Marion County

Tammy Eberly Tiahoga CAP
Tammy Stoltz PCAP Pima CAP

Tom Lewis MD CAP
Tom Irons NC CAP

Tricia Trinite HRSA - Denver
Vicky Lewis Pima CAP
Warren Todd HOST

William Bateman NY City Health & Hospital

William Runyon Health Net/Health & Hospital Corporation of Marion County

Provider Sangre de Cristo Community Health, NM Provider Sangre de Cristo Community Health, NM

Synthesis Writers Synthesis Professional Services